

MAR 23 2006



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## FACSIMILE TRANSMITTAL SHEET

**FIRM/COMPANY:** USPTO

**FACSIMILE NUMBER:** 571-273-8300

**CONFIRMATION  
TELEPHONE:**

**FROM:** Paul A. Schwarz, Esq.

**DIRECT DIAL:** 609.631.2446

**DATE:** March 23, 2006

**FILE :** ATTORNEY DOCKET NO.: IPE-1/N1182-1  
APPLICATION SERIAL NO. 10/712,825  
FILED: 11/13/2003  
ART UNIT: 3765

**TOTAL # OF PAGES:** 28  
(INCLUDING COVERSHEET)

**Message:** Please see attached.


**NOTE:** Original will NOT follow.

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|---|---------------------------|-----------------------------|------------------------|
| <b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b><br>Applicant(s): Mark D. Monica  |                           |                             | Docket No.<br>IPE-1    |
| Application No.<br>10/712,825   | Filing Date<br>11/13/2003 | Examiner<br>Tajash D. Patel | Group Art Unit<br>3765 |
| Invention: <b>PROTECTIVE PAD APPARATUS HAVING AIR VENTILATING AND RESTRICTIVE RADIANT HEAT TRANSFER/ABSORPTION ASPECT</b>   |                           |                             |                        |
| <p>I hereby certify that this _____ <b>Request for Continued Examination (RCE), and Amendment</b> _____<br/> <small>(Identify type of correspondence)</small></p> <p>Is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>March 23, 2006</u><br/> <small>(Date)</small></p> <div style="text-align: right; margin-top: 40px;"> <p><u>Paul A. Schwarz</u><br/> <small>(Typed or Printed Name of Person Signing Certificate)</small></p> <br/> <small>(Signature)</small> </div> <p style="text-align: center; margin-top: 60px;"> <b>Note: Each paper must have its own certificate of mailing.</b> </p> |                           |                             |                        |

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|   |                                     |                                    |   |                               |                                 |  |   |  |  |  |  |  |
|---|-------------------------------------|------------------------------------|---|-------------------------------|---------------------------------|--|---|--|--|--|--|--|
| <b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>  |                                     |                                    |   |                               | Docket No.<br><b>IPE-1</b>      |  |   |  |  |  |  |  |
| Applicant(s): <b>Mark D. Monica</b>   |                                     |                                    |   |                               |                                 |  |   |  |  |  |  |  |
| Application No.<br><b>10/712,825</b>  | Filing Date<br><b>11/13/2003</b>    | Examiner<br><b>Tajash D. Patel</b> | Customer No.<br><b>28581</b>  | Group Art Unit<br><b>3765</b> | Confirmation No.<br><b>8830</b> |  |   |  |  |  |  |  |
| Invention: <b>PROTECTIVE PAD APPARATUS HAVING AIR VENTILATING AND RESTRICTIVE RADIANT HEAT TRANSFER/ABSORPTION ASPECTS</b>  |                                     |                                    |   |                               |                                 |  |   |  |  |  |  |  |
| <u>COMMISSIONER FOR PATENTS:</u>  |                                     |                                    |   |                               |                                 |  |   |  |  |  |  |  |
| Transmitted herewith is an amendment in the above-identified application.   |                                     |                                    |   |                               |                                 |  |   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                                     |                                    |   |                               |                                 |  |   |  |  |  |  |  |
| The fee has been calculated and is transmitted as shown below.  |                                     |                                    |   |                               |                                 |  |   |  |  |  |  |  |
| <b>CLAIMS AS AMENDED</b>  |                                     |                                    |   |                               |                                 |  |   |  |  |  |  |  |
|   | CLAIMS REMAINING<br>AFTER AMENDMENT | HIGHEST #<br>PREV. PAID FOR        | NUMBER EXTRA<br>CLAIMS PRESENT  | RATE                          | ADDITIONAL<br>FEE               |  |   |  |  |  |  |  |
| TOTAL CLAIMS  | 122 -                               | 155 =                              | 0   | x \$25.00                     | \$0.00                          |  |   |  |  |  |  |  |
| INDEP. CLAIMS   | 7 -                                 | 9 =                                | 0   | x \$100.00                    | \$0.00                          |  |   |  |  |  |  |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                     |                                    |   |                               | \$0.00                          |  |   |  |  |  |  |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>  |                                     |                                    |   |                               | <b>\$0.00</b>                   |  |   |  |  |  |  |  |
| <input checked="" type="checkbox"/> No additional fee is required for amendment.<br><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____<br><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-2061</b><br><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.<br><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b> |                                     |                                    |   |                               |                                 |  |   |  |  |  |  |  |
| <br>_____<br><i>Signature</i>  |                                     |                                    | Dated: <b>March 23, 2006</b>  |                               |                                 |  |   |  |  |  |  |  |
| <b>Paul A. Schwarz, Esq.</b><br><b>Registration No. 37,577</b><br><br><b>Duane Morris LLP</b><br><b>P.O. Box 5203</b><br><b>Princeton, New Jersey 08543-5203</b><br><b>Telephone: 609-631-2446</b><br><b>Facsimile: 609-631-2401</b>  |                                     |                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">           I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.6(a)] on _____<br/>           (Date)         </td> </tr> <tr> <td colspan="2" style="text-align: center;">           _____<br/> <i>Signature of Person Mailing Correspondence</i> </td> </tr> <tr> <td colspan="2" style="text-align: center;">           _____<br/> <i>Typed or Printed Name of Person Mailing Correspondence</i> </td> </tr> </table> |                               |                                 |  | I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.6(a)] on _____<br>(Date) |  | _____<br><i>Signature of Person Mailing Correspondence</i> |  | _____<br><i>Typed or Printed Name of Person Mailing Correspondence</i> |  |
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